FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER 181 AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. 4 5 6 7 43· 44 OTAL IND, OTAL DEP. OTAL AIMS TOTAL IND. _‡ ţ _1 TOTAL DEP. TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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